

## CHAPTER 1 SECTION 11.3

### CHELATION THERAPY

Issue Date: October 12, 1984

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#### I. PROCEDURE CODE

**90784**

#### II. DESCRIPTION

The intravenous administration of chelation techniques for the therapeutic or preventive effects of removing unwanted metal ions from the body.

#### III. POLICY

A. Chelation therapy (or chemical endarterectomy) using disodium edetate, (EDTA) is considered an unproven therapeutic modality for the treatment of the following conditions, and is not covered:

1. Multiple sclerosis
2. Arthritis
3. Hypoglycemia
4. Diabetes
5. Arteriosclerosis

#### IV. EXCEPTIONS

A. Chelation therapy is covered only when administered in selected cases for the following conditions:

1. Control of ventricular arrhythmias or heart block associated with digitalis toxicity
2. Emergency treatment of hypercalcemia
3. Extreme conditions of metal toxicity. TRICARE accepts the level established by the Center for Disease Control.

B. Claims for the above listed conditions will be referred to medical review, to establish that the severity of the patient's condition warranted the use of disodium edetate.

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